

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

611

## CERTIFICATE OF DEATH

00600

Items 3,9, FilmG192 2-15-56 et

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Garrett</b>		STATE <b>Md.</b> COUNTY <b>Garrett</b>		CITY (if outside corporate limits, write RURAL and give nearest town) <b>Accident</b>		CITY (if outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <b>Oakland</b>		LENGTH OF STAY (in this place) <b>5 yrs.</b>		STREET ADDRESS		(if rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Cuppett Nursing Home</b>							
<b>3. NAME OF DECEASED</b> (First) <b>Ralph</b> (Middle) <b>McClellan</b> (Last) <b>Alexander</b>				<b>4. DATE OF DEATH</b> (Month) <b>1</b> (Day) <b>26</b> (Year) <b>56</b>			
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>		<b>8. DATE OF BIRTH</b> <b>8/1/1864</b>	
<b>9. AGE last birthday</b> <b>91</b> yrs.		<b>10. UNDER 1 YEAR</b> Months <b>19</b> Days <b>56</b> Hours <b>19</b> Min.		<b>11. BIRTHPLACE (State or foreign country)</b> <b>Accident, Md.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <b>Farmer</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>			
<b>13. FATHER'S NAME</b> <b>William Alexander</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Wilburn</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)</b> (If Yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b>			
<b>17. INFORMANT &amp; ADDRESS</b> <b>Mrs. Priscille Beitzell, Accident Md.</b>							
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
<b>794X IMMEDIATE CAUSE (A)</b> <b>Infirmities of Age</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>	
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b>							
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)</b>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour)</b>		<b>21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Jan 1, 1956, to Jan 26, 1956, that I last saw the deceased alive on Jan 25, 1956, and that death occurred at 12:30 A.M. from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <b>Arthur F. Jones Jr., F</b> <b>M.D.</b> <b>Oakland, Md.</b>				<b>DATE SIGNED</b> <b>1-26-56</b>			
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <b>Burial</b>		<b>DATE THEREOF</b> <b>1/28/56</b>		<b>NAME OF CEMETERY OR CREMATORY</b> <b>Brethern Cemetery</b>		<b>LOCATION (City, town, or county) (State)</b> <b>Accident, Md.</b>	
<b>24. REC'D BY REGISTRAR</b> <b>1/28/56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Julia Rowan</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Emory Bolden</b>		<b>ADDRESS</b> <b>Oakland, Md.</b>	

# CERTIFICATE OF DEATH

1. NAME OF DECEASED JAMES H. HARRIS		2. SEX Male	
3. AGE 65		4. DATE OF BIRTH 1891	
5. PLACE OF BIRTH BALTIMORE, MARYLAND		6. OCCUPATION Retired	
7. MARITAL STATUS Married		8. PLACE OF DEATH Home	
9. DATE OF DEATH 1956		10. TIME OF DEATH 10:00 AM	
11. CAUSE OF DEATH Heart Disease		12. MANNER OF DEATH Natural	
13. SIGNATURE OF PHYSICIAN J. H. HARRIS		14. SIGNATURE OF WITNESSES J. H. HARRIS	
15. SIGNATURE OF REGISTRAR J. H. HARRIS		16. SIGNATURE OF CLERK J. H. HARRIS	

BUREAU V. S.

FEB 3 1956

RECEIVED

NOTIFICATION  
The death of James H. Harris, 65 years of age, occurred on February 3, 1956, at his home, 1234 North Street, Baltimore, Maryland. The cause of death was heart disease, natural causes. The death was registered on February 3, 1956, at the Baltimore Health Department. The death certificate is being furnished to the family of the deceased.

1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00601

612

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Rural</u>		<u>30 Yrs</u>		TOWN <u>Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frostburg R.D.# 2</u>				STREET ADDRESS (If rural give location) <u>Frostburg R.D.# 2</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Ivy</u> (Middle) <u>Goldie</u> (Last) <u>Bittner</u>				(Month) <u>Jan.</u> (Day) <u>9.</u> (Year) <u>19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>White</u>	<u>Married</u>	<u>Jan. 4, 1895</u>	<u>61</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Home</u>		<u>Elk Garden, W.va.</u>		<u>U. S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>John Bucklew</u>				<u>Martha Shaffer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>E. G. Bittner Frostburg Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
450.0 IMMEDIATE CAUSE (A) <u>Thromb</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO <u>diabetes</u>				<u>1 week</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				<u>15 yr</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 5, 1956</u> to <u>Jan. 5, 1956</u> , that I last saw the deceased alive on <u>Jan. 5, 1956</u> , and that death occurred at <u>7:35 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>R. R. Rumbach</u> M.D.				DATE SIGNED <u>Jan. 10, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 12, 56</u>		<u>Greenville CEMETERY</u>		<u>Meyersdale R.D. Som. Co. Pa.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1/11/56</u>		<u>Ethel Broadwater</u>		<u>Stanley M. Thomas</u>		<u>Salisbury, Pa.</u>	

# CERTIFICATE OF DEATH

Reg. No. 12

IN THE DISTRICT OF MARYLAND

County of \_\_\_\_\_

City of \_\_\_\_\_

State of \_\_\_\_\_

Decedent's Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Color \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Death \_\_\_\_\_

Time of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Immediate Cause of Death \_\_\_\_\_

Underlying Cause of Death \_\_\_\_\_

Manner of Death \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Signature of Coroner \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

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Signature of \_\_\_\_\_

BUREAU V. S.

JAN 12 1956

RECEIVED

DEPARTMENT OF HEALTH

1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00602

613

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		STATE <u>W.VA.</u>		COUNTY <u>GRANT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
<u>OAKLAND</u>		<u>14 Hrs. 30 Min.</u>		<u>RURAL</u>		<u>GORMANIA 8.5 x 3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>ROUTE # 1 BOX 39</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<u>JOHN A. BLAMBLE</u>				<u>1 4 19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>3-27-1875</u>	<u>80</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>FARMING</u>				<u>NEAR WILSON, W.VA.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN B. BLAMBLE</u>				14. MOTHER'S MAIDEN NAME <u>CHRISTINE KNEPP</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>ROUTE 1 OAKLAND, MARYLAND</u>			
				<u>MADELINE H. BLAMBLE, DAUGHTER INLAW</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
420.1 IMMEDIATE CAUSE (A) <u>Pulmonary Embolus, left</u>				INTERVAL BETWEEN ONSET AND DEATH <u>21 hrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary artery disease &amp; arrhythmia</u>				<u>2 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Arteriosclerosis</u>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<b>22. I hereby certify</b> that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>5 June 56</u>	
M.D. <u>[Signature]</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JUN-7-1956</u>		<u>RED HOUSE CEMETERY</u>		<u>NEAR OAKLAND MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/7/1956</u>		<u>Julia A. Pawan</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	





1

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VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00603

614

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Grantsville,</u>		<u>life</u>		TOWN <u>Rural Grantsville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
				1			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>ROBERT</u> (Middle) <u>HAMPTON</u> (Last) <u>BUTLER</u>				(Month) <u>Jan.</u> (Day) <u>2</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Dec. 4, 1869</u>	<u>86</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farmer retired</u>		<u>own farm</u>		<u>Garrett Co., Md.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>John Butler</u>				<u>Sally Patton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>none</u>		<u>Mrs. Earl Burow, Grantsville, R.D.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Heart Disease</u>						<u>7</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Pericarditis</u>						<u>?</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 28, 1955</u> , to <u>Dec. 28, 1955</u> , that I last saw the deceased alive on <u>Dec. 28, 1955</u> , and that death occurred at <u>1:45 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Ralph Calandrelli</u>				ADDRESS (Street, city, town, state) <u>Kitzmiller Md</u>		DATE SIGNED <u>Jan 4-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/5/56</u>		<u>Grantsville</u>		<u>Grantsville, Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Jan 4/56</u>		<u>Ethel Broadwater</u>		<u>Donald Newman</u>		<u>Grantsville, Md.</u>	

# CERTIFICATE OF DEATH

MARY AND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

NAME OF DECEASED (PRINT OR WRITE)

MAILED

DATE

PLACE

AGE

SEX

CAUSE

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BUREAU V. S.

JAN 9 1956

RECEIVED

INVESTIGATION

1. Name of deceased (Print or write)  
2. Date of death  
3. Place of death  
4. Age  
5. Sex  
6. Cause of death  
7. Place of birth  
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100. Date of birth



**INSTRUCTIONS**

**1** executed within **24 hours** after death.

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

**VS AISC 1-55 10M**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00604

615

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Garret<sup>t</sup></u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Allegany</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<u>X</u> TOWN <u>Oakland</u>		<u>One Year</u>		TOWN <u>Cumberland</u>		<u>01-02-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Weeks Nursing Home</u>				STREET ADDRESS (If rural give location) <u>17. Valley Street</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<u>Sarah E. Coleman</u>				<u>January 1 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>Sept 19 1879</u>	<u>76</u>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>House Work</u>		<u>House (own)</u>		<u>Cumberland, Maryland</u>		<u>USA.</u>	
13. FATHER'S NAME <u>Henry Coleman</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Bucy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Quinten Griffey, Ellerslie Md</u>			
<b>18. MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						<u>5 days</u>	
794X IMMEDIATE CAUSE (A) <u>Informatics of Old Age</u>							
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1 1956</u> , to <u>Jan 1 1956</u> , that I last saw the deceased alive on <u>Jan 1 1956</u> , and that death occurred at <u>6:05 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Arthur F. Jones</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>Jan 2 1956</u> (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 4 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		LOCATION (City, town, or county) <u>Cumberland, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan 3/56</u>		REGISTRAR'S SIGNATURE <u>Julia C. Rawan LR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Wright</u>		ADDRESS <u>Cumberland, Md.</u>	

6 JAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

No. 162

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Garrett		STATE		Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		TOWN		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN		Rural Grantsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
LLOYD		ERNEST		DURST		JAN 14 1956	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
male		white		Married		Feb. 29, 1903	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		9. AGE last birthday:		12. CITIZEN OF WHAT COUNTRY?	
Woodsmen		cut posts		52 yrs.		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Eli Durst				Catherine Bittinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:			
				213-18-2581			
17. INFORMANT & ADDRESS:				Calvin Durst, Grantsville, RD., Md.			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
Immediate cause (a).....					
DUE TO					
Antecedent cause(s) (b).....					
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c).....					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:				20. AUTOPSY?	
19b. MAJOR FINDING OF OPERATION:				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
		Home		Garrett Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
Jan 14 - 1956 11 AM				Shot self in head & chest	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE		M. D.		DATE SIGNED	
E. J. Baumgartner				1/14/56	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		LOCATION (City, town, or county) (State)	
Burial		1/17/56		Garrett Co. Md	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
1/16/56		Ethel Broadwater		Donald J. Newman Grantsville, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 19 1956

RECEIVED

617

## CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Bloomington</u>		<u>60 years</u>		TOWN <u>Bloomington</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
<u>Floyd</u>		<u>Alvin</u>		<u>Fazenbaker</u>		<u>Jan 15</u> 19 <u>56</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>9 Dec 1892</u>	<u>63</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Miner</u>		<u>Coal Mine</u>		<u>Shaw, West Virginia</u>		<u>US</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>George Fazenbaker</u>				<u>Carrie Wise</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>236-03-2588</u>		<u>Bloomington, Md.</u> <u>Mrs. Floyd Fazenbaker,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>523.1 IMMEDIATE CAUSE (A)</u>				<u>myocarditis</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				<u>miners asthma</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1945</u> , 19 <u>56</u> to <u>Jan 15</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>56</u> , and that death occurred at <u>12 P</u> .M. from the causes and on the date stated above.							
SIGNATURE <u>R. Berry</u>				DATE SIGNED <u>W. Va</u>			
M.D. <u>Piedmont</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>18 Jan 56</u>		<u>Bloomington Cemetery</u>		<u>Bloomington, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-17-56</u>		<u>Dorsey Pattison</u>		<u>E. J. Bral</u>		<u>Westernport, Md.</u>	

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



BUREAU V. S.

JAN 23 1956

RECEIVED

1

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

618

## CERTIFICATE OF DEATH

00607

Reg. Dist. No. 166

Item 9. Film G192 2-7-56 et

1. PLACE OF DEATH COUNTY <b>Garrett</b> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Oakland</b> 2 yrs.				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>W. Va.</b> COUNTY <b>Monongalia</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Morgantown</b> 85x-3 STREET ADDRESS (If rural give location) <b>429 Park St.</b>			
3. NAME OF DECEASED (Type or Print) <b>James Frederick Fulton</b> (First) (Middle) (Last)				4. DATE OF DEATH <b>Jan 25, 1956</b> (Month) (Day) (Year)			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <b>Widowed</b>	8. DATE OF BIRTH <b>8/12/1870</b>	9. AGE last birthday <b>85 86</b> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Patterson, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Horatio Thompson Fulton</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Long Rowland</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>No.</b> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <b>Thompson Fulton, Morgantown, W.Va.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>450.0 IMMEDIATE CAUSE (A) Senile Degeneration</b>							
ANTECEDENT CAUSE(S) DUE TO <b>Generalized Arteriosclerosis</b>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Jan 24, 1956 5:35p</b>		21a. INJURY OCCURRED <input type="checkbox"/> White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 24, 1956</b> to <b>Jan 25, 1956</b> , that I last saw the deceased alive on <b>Jan 24, 1956</b> , and that death occurred at <b>5:35p</b> M, from the causes and on the date stated above.							
SIGNATURE <b>[Signature]</b> M.D.				ADDRESS (Street, city, town, state) <b>25 Alder St., Oakland, Md.</b>		DATE SIGNED <b>1/26/56</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>		DATE THEREOF <b>1/28/1956</b>		NAME OF CEMETERY OR CREMATORY <b>Coldwater</b>		LOCATION (City, town, or county) (State) <b>Coldwater Mo.</b>	
24. REC'D BY REGISTRAR <b>Jan 26/56</b>		REGISTRAR'S SIGNATURE <b>Julia A Rowson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Emory Bolden</b> ADDRESS <b>Oakland, Md.</b>			

RECEIVED

FEB 3 1956

BUREAU V. S.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

AMERICAN

THIS CERTIFICATE OF DEATH IS A PUBLIC DOCUMENT AND IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS THE PROPERTY OF THE STATE DEPARTMENT OF HEALTH AND IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR OF DEATHS. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE REGISTRAR. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.

1

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

619

## CERTIFICATE OF DEATH

00608

166

Item 9, FilmGL92 2-1-56 et

Reg. Dist. No. ....

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u> COUNTY <u>GARRETT</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>DEER PARK, MARYLAND</u>	
TOWN <u>OAKLAND</u>		LENGTH OF STAY (In this place) <u>5 Hr. 10 Min</u>		STREET ADDRESS		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>							
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<u>ANNA ALBERTA GARRETT</u>				<u>JANUARY 16 19 56</u>			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>	<b>8. DATE OF BIRTH</b>	<b>9. AGE last birthday</b>	<b>IF UNDER 1 YEAR</b>	<b>IF UNDER 24 HRS.</b>	
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>2-10-1870</u>	<u>86 85</u> yrs.	Months Days	Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>MARYLAND</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13. FATHER'S NAME</b> <u>RICHARD T. BROWNING</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>HARRIETT TWIGG</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b>			
				<u>MISS. NELL BROWNING (SISTER)</u> <u>Deer Park Md.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
<u>443x</u> IMMEDIATE CAUSE (A) <u>Hypertensive C.V.D. -</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE</b> (Home, farm, factory, OF INJURY street, office bldg., etc.)		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify</b> that I attended the deceased from <u>October 11 19 51</u> , to <u>Jan 16 19 56</u> , that I last saw the deceased alive on <u>Jan 16 19 56</u> , and that death occurred at <u>6:55 P.M.</u> from the causes and on the date stated above.							
<b>SIGNATURE</b> <u>John E. Mame</u>				<b>ADDRESS</b> (Street, city, town, state) <u>Oakland Md</u>		<b>DATE SIGNED</b> <u>Jan 17 1956</u>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>Jan 19 1956</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Oakland Md</u>		<b>LOCATION</b> (City, town, or county) (State) <u>Oakland Md</u>	
<b>24. REC'D BY REGISTRAR</b> <u>Jan 19 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Julia C Rowan</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Henry Bolden</u>		<b>ADDRESS</b> <u>Oakland Md</u>	

RECEIVED

JAN 25 1956

BUREAU V. S.

# CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH-BALTIMORE, MD

00008

NOTED FOR THE RECORD  
RECEIVED  
JAN 25 1956  
BUREAU V. S.



**INSTRUCTIONS**

**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**2** **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00609

620

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 14, Film G192 1-31-56 et

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <u>Garrett</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Accident</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>		STREET ADDRESS (If rural give location) <u>-----</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Anna Elizabeth Glass</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>January 14, 19 56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 2, 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE last birthday <u>92</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward Margroff</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Klotz</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT & ADDRESS <u>Chris Glass Accident, Md.</u>			
<b>18. MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			
IMMEDIATE CAUSE (A) <u>Brundis pneumonia</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio sclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
<b>22. I hereby certify that I attended the deceased from <u>12 Feb</u>, 19 <u>55</u>, to <u>14 Jan</u>, 19 <u>56</u>, that I last saw the deceased alive on <u>29 Nov</u>, 19 <u>55</u>, and that death occurred at <u>2:00 P.</u> M., from the causes and on the date stated above.</b>			
SIGNATURE <u>W. H. Maue</u>		DATE SIGNED <u>15 Jan 56</u>	
ADDRESS (Street, city, town, state) <u>Oakland Md</u>			
M.D. <u>-----</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/17/1956</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Accident, Md.</u>	
24. REC'D BY REGISTRAR <u>Julia A. Rowley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Leighton</u>	
DATE <u>1/16/56</u>		ADDRESS <u>Oakland, Md.</u>	

# CERTIFICATE OF DEATH

Reg. No. 100

1. NAME OF DECEASED (PRINT OR TYPE)

2. SEX (M or F) DATE OF BIRTH (MONTH, DAY, YEAR)

3. PLACE OF BIRTH (CITY, STATE, COUNTRY)

4. OCCUPATION (PRINT OR TYPE)

5. MARITAL STATUS (M, S, W, D, O, etc.)

6. DATE OF DEATH (MONTH, DAY, YEAR)

7. TIME OF DEATH (HOUR, MINUTE)

8. PLACE OF DEATH (CITY, STATE, COUNTRY)

9. CAUSE OF DEATH (PRINT OR TYPE)

10. MANNER OF DEATH (NATURAL, ACCIDENT, SUICIDE, etc.)

11. SIGNATURE OF PHYSICIAN (PRINT OR TYPE)

12. SIGNATURE OF REGISTRAR (PRINT OR TYPE)

13. SIGNATURE OF WITNESS (PRINT OR TYPE)

14. SIGNATURE OF DECEASED (PRINT OR TYPE)

15. SIGNATURE OF NEXT OF KIN (PRINT OR TYPE)

16. SIGNATURE OF CLERK (PRINT OR TYPE)

17. SIGNATURE OF DECEASED (PRINT OR TYPE)

18. SIGNATURE OF NEXT OF KIN (PRINT OR TYPE)

19. SIGNATURE OF CLERK (PRINT OR TYPE)

20. SIGNATURE OF DECEASED (PRINT OR TYPE)

21. SIGNATURE OF NEXT OF KIN (PRINT OR TYPE)

22. SIGNATURE OF CLERK (PRINT OR TYPE)

MARYLAND

STATE OF MARYLAND

CITY OF BALTIMORE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

SIGNATURE OF PHYSICIAN

SIGNATURE OF REGISTRAR

SIGNATURE OF WITNESS

SIGNATURE OF DECEASED

SIGNATURE OF NEXT OF KIN

SIGNATURE OF CLERK

SIGNATURE OF DECEASED

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SIGNATURE OF CLERK

BUREAU V. B.

JAN 25 1956

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THIS CERTIFICATE OF DEATH IS A PUBLIC RECORD AND IS THE PROPERTY OF THE STATE OF MARYLAND. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MARYLAND, FOR A PERIOD OF FIFTY YEARS. IT IS TO BE MADE AVAILABLE TO ANY PERSON WHO REQUESTS IT, AND IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MARYLAND, FOR A PERIOD OF FIFTY YEARS.

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00610

621

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <i>Garrett</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Allegheny</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <i>Oakland</i>		<i>3 mos</i>		TOWN <i>Cumberland</i>		<i>01-02-2</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Eraus Nursing Home</i>				STREET ADDRESS (If rural give location)			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<i>GEORGE Edward HAINES</i>				<i>Jan 3 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Male</i>	<i>White</i>	<i>married</i>	<i>June 6, 1875</i>	<i>80</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Laborer</i>		<i>Farms + R.R.</i>		<i>Green Springs Valley, W. Va</i>		<i>U.S.A</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>John W. Haines</i>				<i>Sarah C. Smith</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>No</i>		<i>None</i>		<i>Rt. 5, Vocke Rd. U. McGill, Cumberland, Md.</i>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
420.1 IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO						<i>18 hrs?</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE						<i>Coronary Occlusion</i>	
STATING UNDERLYING CAUSE LAST, DUE TO						<i>Art. C. V. D.</i>	
(C)							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>						<i>Senility</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<i>None</i>		<i>None</i>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<b>22. I hereby certify</b> that I attended the deceased from <i>1-2-56</i> , to <i>1-3-56</i> , that I last saw the deceased alive on <i>1-2-56</i> , and that death occurred at <i>2 PM</i> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<i>Thomas G. Gushy</i> M.D.				<i>Oakland, Md</i>		<i>1/3/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>BURIAL</i>		<i>JAN. 6, 1956</i>		<i>Forest Glen Meth. Cem.</i>		<i>Green Springs, W. Va</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Jan 5/56</i>		<i>John Rowan</i>		<i>John J. Hafer</i>		<i>Cumberland, Md.</i>	

BUREAU V. S.

JAN 9 1956

RECEIVED

1

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VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

622

## CERTIFICATE OF DEATH

00611

166

Reg. Dist. No. ....

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>				TOWN <u>OAKLAND</u>		<u>MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b>			
(First) <u>MARY</u>		(Middle) <u>E.</u>		(Last) <u>MCCORMICK</u>		(Year) <u>1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>OCT-25-1857</u>	
9. AGE last birthday <u>98</u> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
		Months		Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alleg. Co. Md</u>	
13. FATHER'S NAME <u>WILLIAM MCCORMICK</u>				14. MOTHER'S MAIDEN NAME <u>JENNIE ROWE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>James H. Foster</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				24 hrs			
420.0 IMMEDIATE CAUSE (A) <u>CEREBRAL VASCULAR ACCIDENT</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>				Years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>SENILITY</u>				Years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-2</u> , 19 <u>55</u> , to <u>1-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-6</u> , 19 <u>56</u> , and that death occurred at <u>582nd St. Oakland Md</u> on <u>1-7-56</u> M. from the causes and on the date stated above.							
SIGNATURE <u>James H. Foster</u>				ADDRESS (Street, city, town, state) <u>582nd St. Oakland Md</u>		DATE SIGNED <u>1-7-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JAN-9-1956</u>		NAME OF CEMETERY OR CREMATORY <u>ROSEHILL CEMETERY</u>		LOCATION (City, town, or county) (State) <u>CUMBERLAND MD</u>	
24. REC'D BY REGISTRAR <u>1/9/56</u>		REGISTRAR'S SIGNATURE <u>John A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND MD</u>	



RECEIVED

RECEIVED  
JAN 10 1920  
BUREAU V. S.

# CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 12

10011

NAME OF DECEASED

NAME OF DECEASED

NAME OF DECEASED

NAME OF DECEASED

MARY

M. GORMAN

FEMALE WHITE

AGE 72-1821

JENNIE ROWE

WILLIAM M. GORMAN

TO MEDICAL EXAMINER

BUREAU V. S.

JAN 10 1920

RECEIVED

1

INSTRUCTIONS

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**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00612

623

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>RFD 2, Frostburg,</u>		<u>6 Yrs.</u>		TOWN <u>RFD 2, Frostburg</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<u>William Clarence Preston</u>				<u>Jan. 5th, 19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Sept. 17th, 1898</u>	<u>57</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Carpenter</u>		<u>Carpenter Work</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Preston</u>				<u>Sarah Corfield</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>220-10-2120</u>		<u>Mrs. Anna E. Preston, RFD 2, F'bg. Md.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
151X IMMEDIATE CAUSE (A)				<u>Carcinoma of Stomach</u>			
ANTECEDENT CAUSE(S) DUE TO				INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				<u>2 yrs.</u>			
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
2fa. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-15-55</u> , to <u>1-5-56</u> , that I last saw the deceased alive on <u>1-5-56</u> , and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>H. C. Diehl</u>		<u>Frostburg, Md.</u>		<u>1/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1-8-56</u>		<u>F'bg. Memorial Park</u>		<u>Frostburg, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1/6/56</u>		<u>Ethel Broadwater</u>		<u>Joseph R. Durst, Frostburg, Md.</u>			

NOTED: This card is to be filled out by the person who is in charge of the record of the deceased. It is to be filled out in the case of a death which is reported to the Bureau of Health Statistics. It is to be filled out in the case of a death which is reported to the Bureau of Health Statistics. It is to be filled out in the case of a death which is reported to the Bureau of Health Statistics.

# CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

00018

<p>1. NAME OF DECEASED                  John Doe</p>		<p>2. PLACE OF DEATH                  Baltimore, Md.</p>	
<p>3. SEX                  Male</p>		<p>4. AGE                  45</p>	
<p>5. OCCUPATION                  Clerk</p>		<p>6. DATE OF DEATH                  Jan 8, 1956</p>	
<p>7. CAUSE OF DEATH                  Heart Disease</p>		<p>8. MANNER OF DEATH                  Natural</p>	
<p>9. SIGNATURE OF PHYSICIAN                  J. A. Smith</p>		<p>10. SIGNATURE OF REGISTRAR                  J. B. Jones</p>	

BUREAU V. S.

JAN 9 1956

RECEIVED

1

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00614

625

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Garrett</u>		STATE <u>Md</u>		COUNTY <u>Alleg</u>			
CITY (If outside corporate limits, write RURAL OR end give nearest town) <u>Cakeland</u>		LENGTH OF STAY (in this place) <u>2 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Westernport</u>		OR TOWN <u>01-43-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Gar. Co. Mem. Hosp</u>		STREET ADDRESS (If rural give location) <u>Main St. Extended</u>					
<b>3. NAME OF DECEASED</b> (Type or Print) <u>SEAN AUGUST</u> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JAN 2 19 56</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Single</u>		<b>8. DATE OF BIRTH</b> <u>Aug 3-18 78</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>9. AGE last birthday</b> <u>77</u> yrs.		<b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 24 HRS.</b> Hours Min.	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Westernport - md</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13. FATHER'S NAME</b> <u>Anthony Schwarzen</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Theresa Fisher</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b>	
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
<b>420.1 IMMEDIATE CAUSE</b> (A) <u>Coronary Thrombosis</u>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>30 hrs</u>	
<b>ANTECEDENT CAUSE(S) DUE TO</b> (B) <u>Art. C.V.D.</u>							
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b> (C) <u>Senility</u>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b> <u>none</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21a. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Nov 55</u> , to <u>1-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>56</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.							
<b>SIGNATURE</b> <u>Thomas J. Luby</u> M.D.				<b>ADDRESS</b> (Street, city, town, state) <u>Cakeland Md</u>		<b>DATE SIGNED</b> <u>1-2-56</u>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>1/6/56</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>St Peter's Cem</u>		<b>LOCATION (City, town, or county) (State)</b> <u>Westernport, md</u>	
<b>24. REC'D BY REGISTRAR</b> <u>1/4/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Julia A Rowan</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>E. J. Noel</u>		<b>ADDRESS</b> <u>Westernport, md</u>	

00013

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

# CERTIFICATE OF DEATH

Page One of Two

1. NAME OF DECEASED (Last, first, middle initial)

WILLIAM

2. SEX

MALE

3. AGE

65

4. DATE OF BIRTH

1880

5. PLACE OF BIRTH

MD

6. OCCUPATION

Farmer

7. CAUSE OF DEATH

Heart Disease

8. MANNER OF DEATH

Natural

9. SIGNATURE OF PHYSICIAN

Dr. J. H. Smith

10. SIGNATURE OF REGISTRAR

John Doe

11. SIGNATURE OF WITNESSES

John Doe, Jane Doe

12. DATE OF DEATH

Jan 15 1958

13. TIME OF DEATH

10:00 AM

14. PLACE OF DEATH

Home

15. COUNTY

Harford

16. CITY

Parkton

17. STATE

MD

18. ZIP CODE

21131

19. TELEPHONE

211-1234

20. SIGNATURE OF DECEASED

William Doe

21. SIGNATURE OF NEXT OF KIN

John Doe

22. SIGNATURE OF WITNESSES

John Doe, Jane Doe

BUREAU V. S.

JAN 16 1958

RECEIVED

RECEIVED



1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00613

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b> COUNTY <u>Garrett</u> <b>MARYLAND</b> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Oakland,</u> TOWN <u>Rural Oakland,</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home of Thomas Spencer</u> <u>6 Mi. W. Oakland, Md.</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b> STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Oakland,</u> TOWN <u>Rural Oakland,</u> STREET ADDRESS (If rural give location) <u>6 Mi. West Oakland,</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>Ida Belle Spencer</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 2, 1956</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>July 16, 1868</u>	<b>9. AGE last birthday</b> <u>87</u> yrs.	<b>IF UNDER 1 YEAR</b> (Months) (Days) <b>IF UNDER 24 HRS.</b> (Hours) (Min.)		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>West Virginia</u>			
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>							
<b>13. FATHER'S NAME</b> <u>Elza W. Thomas</u>			<b>14. MOTHER'S MAIDEN NAME</b> <u>Ella Nutter</u>				
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no or unk.) <u>no</u> (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>-----</u>		<b>17. INFORMANT &amp; ADDRESS</b> <u>Thomas Spencer Oakland, Md.</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <b>18. MEDICAL CERTIFICATION</b> IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Sclerotic Heart Disease</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertension</u> <b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>16 mins</u> <u>Years</u> <u>Years</u>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>					
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH</b> (If either, notify medical examiner) <input type="checkbox"/>		<b>21b. PLACE</b> (Home, farm, factory, of injury street, office bldg., etc.)		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>9:30</u> , <u>1955</u> , to <u>10:10</u> , <u>1955</u> , that I last saw the deceased alive on <u>10-10, 1955</u> , and that death occurred at <u>6 A.M.</u> from the causes and on the date stated above. <b>SIGNATURE</b> <u>Jan H. Spencer</u> <b>M.D.</b> <u>Oakland Md</u> <b>DATE SIGNED</b> <u>1-2-56</u>							
<b>23. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>1/5/1956</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Fairview Cemetery</u>			
<b>24. REC'D BY REGISTRAR</b> <u>1/4/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Julia A. Rouse</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Herbert C. Wright</u>			
<b>DATE</b>		<b>ADDRESS</b> (Street, city, town, state) <u>Oakland, Md.</u>					

RECEIVED  
JAN 9 1950

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INSTRUCTIONS  
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.  
VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

626

# CERTIFICATE OF DEATH

Reg. Dist. No. 00615

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE W. VA.		COUNTY PRESTON	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN OAKLAND		3Hrs. 15 Min.		TOWN TERRA ALTA		85X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location) RURAL ROUTE # 1			
3. NAME OF DECEASED (Type or Print) NITA MURIEL STAHL			4. DATE OF DEATH 1 8 19 56				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH 3-4-05	
9. AGE last birthday 50 yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME BURTIE FLOYD SANDERS				14. MOTHER'S MAIDEN NAME ALLETHA FITCHETT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS MR. IRA LEE STAHL ROUTE 1 TERRA ALTA			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
170X IMMEDIATE CAUSE (A) Carcinoma of Rt breast with				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO Metastasis				10 mos			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> el work Not while <input type="checkbox"/> el work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 11, 1949, to Jan 8, 1956, that I last saw the deceased alive on Jan 8, 1956, and that death occurred at 4:00 PM, from the causes and on the date stated above.							
SIGNATURE A. S. Mance				ADDRESS (Street, city, town, state) Oakland Md		DATE SIGNED Jan 8, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/11/56		NAME OF CEMETERY OR CREMATORY Kingwood		LOCATION (City, town, or county) Kingwood Va	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Julie A. Rowan L.R.		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Brauning		ADDRESS	
DATE 1/11/56							

# CERTIFICATE OF DEATH

THIS CERTIFICATE OF DEATH IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MARYLAND, AND A COPY IS TO BE FURNISHED TO THE FAMILY OF THE DECEASED.

## CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

00015

1. NAME OF DECEASED		2. PLACE OF BIRTH	
3. SEX		4. AGE	
5. OCCUPATION		6. CAUSE OF DEATH	
7. DATE OF DEATH		8. TIME OF DEATH	
9. PLACE OF DEATH		10. SIGNATURE OF PHYSICIAN	
11. SIGNATURE OF REGISTRAR		12. SIGNATURE OF WITNESSES	

BUREAU V. S.

FEB 3 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00616

687

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Morgan</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Friendsville Md</u>		LENGTH OF STAY (in this place) <u>3 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Morgantown</u>		<u>Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>				STREET ADDRESS (If rural give location) <u>Verona St</u>		<u>1</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>EDDIE</u> (Middle) <u>-</u> (Last) <u>THORNBURG</u>				(Month) <u>1</u> (Day) <u>24</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 21 - 1875</u>	9. AGE last birthday <u>80</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Plate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am. Steel Mfg</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>John Thornburg</u>				14. MOTHER'S MAIDEN NAME <u>Laura Webb</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>255-12-2524</u>		17. INFORMANT & ADDRESS <u>Mrs James Frantz - Friendsville Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
260X IMMEDIATE CAUSE (A) <u>Cerebral Apoplexy (Paralyzed Right Side)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Diabetes Mellitus</u>				<u>6 Months</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Gangrene - Right Foot</u>				<u>2 weeks</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Arthritis</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>Jan 23 1956</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 11</u> , 19 <u>55</u> , to <u>Jan 24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>56</u> , and that death occurred at <u>12:45 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Edwin M Price MD</u>				ADDRESS (Street, city, town, state) <u>Confluence Penna</u>		DATE SIGNED <u>Jan 26, 56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-27-56</u>		NAME OF CEMETERY OR CREMATORY <u>Easton Ave. Cem. Morgantown</u>		LOCATION (City, town, or county) (State) <u>Md</u>	
24. REC'D BY REGISTRAR <u>Jan. 26 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Frantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Rodakauer</u>		ADDRESS <u>Marketplace Pa</u>	



CERTIFICATE OF DEATH

Form 100-100

IN VERBAL DECLARATION MADE ON DECEASED

NAME AND

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Immediate Cause

Underlying Cause

Contributing Cause

Mode of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Pathologist

Signature of Forensic Scientist

Signature of Toxicologist

Signature of Chemist

Signature of Biologist

Signature of Microscopist

Signature of Radiologist

Signature of Anatomist

Signature of Physiologist

Signature of Pharmacologist

Signature of Microbiologist

Signature of Immunologist

Signature of Epidemiologist

Signature of Public Health Officer

Signature of Health Commissioner

Signature of Mayor

Signature of Councilman

Signature of Alderman

Signature of Justice of the Peace

Signature of Notary Public

Signature of Minister of the Gospel

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Spiritual Leader

Signature of Community Leader

Signature of Business Leader

Signature of Labor Leader

Signature of Professional Leader

Signature of Civic Leader

Signature of Religious Leader

Signature of Political Leader

Signature of Social Leader

Signature of Cultural Leader

Signature of Artistic Leader

Signature of Literary Leader

Signature of Scientific Leader

Signature of Historical Leader

Signature of Philanthropic Leader

BUREAU V. S.

JAN 30 1956

RECEIVED

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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00617

628

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>		TOWN <u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <u>1</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>ADELIA TOWERS WEST</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JAN 10 1956</u>			
<b>5. SEX</b> <u>FEMALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>WIDOWED</u>		<b>8. DATE OF BIRTH</b> <u>JAN-9-1862</u>	
<b>9. AGE last birthday</b> <u>94</u> yrs.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>OAKLAND MD</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>				<b>13. FATHER'S NAME</b> <u>WILLIAM TOWERS</u>			
<b>14. MOTHER'S MAIDEN NAME</b> <u>REBECCA TOTTEN</u>				<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)			
<b>16. SOCIAL SECURITY NO.</b>				<b>17. INFORMANT &amp; ADDRESS</b> <u>ELIZABETH WEST OAKLAND MD</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <u>450.0</u>						<b>18. MEDICAL CERTIFICATION</b>	
IMMEDIATE CAUSE (A) <u>ARTERIO SCLEROSIS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5yr</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Dec.</u> <u>1945</u> , to <u>Jan</u> <u>1956</u> , that I last saw the deceased alive on <u>Jan 10</u> <u>1956</u> , and that death occurred at <u>4:30</u> <u>M.</u> from the causes and on the date stated above.							
<b>SIGNATURE</b> <u>St. J. Baumgartner</u>				<b>ADDRESS</b> (Street, city, town, state) <u>Oakland MD</u>			
<b>DATE SIGNED</b> <u>1/12/56</u>							
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>BURIAL</u>		<b>DATE THEREOF</b> <u>JAN-13-1956</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>OAKLAND CEMETERY</u>		<b>LOCATION</b> (City, town, or county) (State) <u>OAKLAND MD</u>	
<b>24. REC'D BY REGISTRAR</b> <u>Jan 13/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Julia A Rowan</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Emory Bolden</u>		<b>ADDRESS</b> <u>OAKLAND MD</u>	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 13

# CERTIFICATE OF DEATH

When Filled In

1. NAME OF DECEASED

2. SEX  
3. AGE

4. PLACE OF DEATH

5. CAUSE OF DEATH

6. DATE OF DEATH

7. SIGNATURE OF PHYSICIAN

8. SIGNATURE OF REGISTRAR

BUREAU V. S.

JAN 25 1956

RECEIVED

INSTRUCTIONS

1. This certificate is to be filled out by the physician or other qualified person who has attended the deceased or who has been in attendance at the death. It should be filled out as soon as possible after death and should be filed in the office of the Registrar of the Department of Health. It is the duty of the physician to sign this certificate and to file it in the office of the Registrar. It is the duty of the Registrar to file this certificate in the office of the Registrar. It is the duty of the Registrar to file this certificate in the office of the Registrar.

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00618

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## CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH COUNTY <b>GARRETT</b> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>KITZMILLER</b> TOWN <b>KITZMILLER</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>SPRING STREET</b>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b> COUNTY <b>GARRETT</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>KITZMILLER</b> OR TOWN <b>KITZMILLER</b> STREET ADDRESS (If rural give location) <b>SPRING STREET</b>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <b>SARAH - YENCENSKY</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 12, 1956</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 15, 1886</b>	
9. AGE last birthday <b>69</b> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>LITHUANIA</b>	
12. CITIZEN OF WHAT COUNTRY <b>LITHUANIA</b>				13. FATHER'S NAME <b>CARL DZONSKY</b>			
14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>NONE</b>				17. INFORMANT & ADDRESS <b>MRS. MARY POVISH, KITZMILLER, Md.</b>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <b>Coronary Thrombosis</b> ANTECEDENT CAUSE(S) DUE TO (B) <b>Coronary Heart Disease</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <b>Hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b> <b>5 yrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>			
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Jan 12, 1956</b> , to <b>Jan 12, 1956</b> , that I last saw the deceased alive on <b>Jan 12, 1956</b> , and that death occurred at <b>8:45 AM</b> , from the causes and on the date stated above. SIGNATURE <b>Ralph Colavito</b> M.D. <b>Kitzmiller, Md.</b> DATE SIGNED <b>Jan 12 56</b>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>Jan. 16/56</b>		NAME OF CEMETERY OR CREMATORY <b>Kalbaugh Cemetery</b>		LOCATION (City, town, or county) (State) <b>Elk Garden, W. Va.</b>	
24. REC'D BY REGISTRAR DATE <b>Jan 14-56</b>		REGISTRAR'S SIGNATURE <b>AW Parick</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Other F. Shapless</b>		ADDRESS <b>Blaine, W. Va.</b>	

# CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH-BALTIMORE, MD

For Use by

A. USUAL RESIDENCE OF DECEASED

CITY

STATE

DATE

AGE

SEX

EDUCATION

RELIGION

OCCUPATION

DATE

TIME

PLACE

CAUSE

MANNER

DIAGNOSIS

TESTS

REPORT

OPINION

DR. NAME, ADDRESS, CITY, STATE

DATE

IN WITNESS WHEREOF

*Handwritten signature*

*Handwritten signature*

BUREAU V. 2

Jan 20 1956

JAN 18 1956

RECEIVED

*Handwritten signature*

*Handwritten signature*